# Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

## 1. Committee Information

| a. Full Name | c. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| PO Box 757<br>Conover, NC 28613 | 06/06/2013 |
| | **e. Phone Number** |
| | 828-465-7391 |

CAMPAIGN FINANCE JUN 14 2013 RECEIVED

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2013 | 05/28/2013 | 06/06/2013 | Amy Harris Luckadoo |

**6. Type of Committee** (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

**7. Type of Fund** *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

1

**9. Type of Report** *(check only one type of report from one category)*

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☒ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**10. Special Report Name**

**11. Account Information**

| a. Financial Institution Full Name | |
|---|---|
| Branch Banking & Trust Company | |
| **b. Purpose** | **c. Account Code** |
| To manage campaign contribution and expenditures | A |
| | **d. Period Begin Balance** |
| | $ 0 |

**11. Account Information**

| a. Financial Institution Full Name | |
|---|---|
| | |
| **b. Purpose** | **c. Account Code** |
| | |
| | **d. Period Begin Balance** |
| | $ |

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

| Amy Harris Luckadoo | Amy Harris Luckadoo | June 06, 2013 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | _____ | Employee: | _____ |
| Date Postmarked: | _____ | Employee: | _____ |
| Date Scanned: | _____ | Employee: | _____ |
| Date Data Entered: | _____ | Employee: | _____ |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment ☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|---|---|
| Kim Sigmon for Clerk of Superior Court | Organizational | |

| Start of Election Cycle: January 1, 2013 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ | $ |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | *(CRO-1205)* | $ | $ |
| 6) Contributions from Individuals | *(CRO-1210)* | $ 1,767.20 | $ 1,767.20 |
| 7) Contributions from Political Party Committees | *(CRO-1220)* | $ | $ |
| 8) Contributions from Other Political Committees | *(CRO-1230)* | $ | $ |
| 9) Loan Proceeds | *(CRO-1410)* | $ 750.00 | $ 750.00 |
| 10) Refunds/Reimbursements To the Committee | *(CRO-1240)* | $ | $ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | *(CRO-1250)* | $ | $ |
| 11b) Contributions from Not-for-Profit Organizations | *(CRO-1250)* | $ | $ |
| 11c) Outside Sources of Income | *(CRO-1250)* | $ | $ |
| 11d) Legal Expense Fund – Other Sources | *(CRO-1270)* | $ | $ |
| 11 e) Exempt Purchase Price Sales | *(CRO-1265)* | $ | $ |
| 12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)* | | $ 2,517.20 | $ 2,517.20 |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | *(CRO-1310)* | $ 15.00 | $ 15.00 |
| 13b) Contributions to Candidates/Political Committees | *(CRO-1310)* | $ 250.00 | $ 250.00 |
| 13c) Coordinated Party Expenditures | *(CRO-1310)* | $ | $ |
| 14) Aggregated Non-Media Expenditures | *(CRO-1315)* | $ | $ |
| 15) Loan Repayments | *(CRO-1420)* | $ | $ |
| 16) Refunds/Reimbursements From the Committee | *(CRO-1320)* | $ | $ |
| 17) In-Kind Contributions | *(CRO-1510)* | $ 1,541.20 | $ 1,541.20 |
| 18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)* | | $ 1,806.20 | $ 1,806.20 |
| 19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)* | | $ 711.00 | $ 711.00 |
| **ADDITIONAL INFORMATION** | | | |
| 20) Non-Monetary Gifts Given to Other Committees | *(CRO-1330)* | $ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | *(CRO-1430)* | $ 750.00 | |
| 22) Debts and Obligations owed By the Committee | *(CRO-1610)* | $ | |
| 23) Debts and Obligations owed To the Committee | *(CRO-1620)* | $ | |
| 24) Account Transfers Within the Committee | *(CRO-1720)* | $ | |
| 25) Administrative Support | *(CRO-1710)* | $ | $ |
| 26) Forgiven Loans | *(CRO-1440)* | $ | $ |
| 27) 48-Hour Notice Reports Sum | *(CRO-2200)* | $ | $ |
| 28) Contributions to be Refunded | *(CRO-1215)* | $ | $ |

# Contributions from Individuals



Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Kim R. Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | Magistrate | State of North Carolina | | $ 1,541.20 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | In-Kind | Website Domain | 06/01/2013 | $ 14.95 |
| ☐ | | In-Kind | Website Domain | 06/01/2013 | $ 13.95 |
| ☐ | | In-Kind | Website/YearFee | 06/01/2013 | $ 149.00 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Kim. R Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | Magistrate | State of North Carolina | | $ 1,541.20 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | In-Kind | PO Box | 06/03/2013 | $ 124.00 |
| ☐ | | In-Kind | Cards | 05/28/2013 | $ 114.68 |
| ☐ | | In-Kind | Shirts/Signs | 05/31/2013 | $ 724.12 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Kim R. Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | Magistrate | State of North Carolina | | $ 1,541.20 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | In-Kind | Cards/Signs | 05/31/2013 | $ 181.10 |
| ☐ | | In-Kind | Office Supplies | 05/31/2013 | $ 78.39 |
| ☐ | | In-Kind | Water/Drinks | 05/31/2013 | $ 15.39 |

| | |
|---|---|
| **4. Total only this Page** | $ 1,415.58 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,767.20 |

# Contributions from Individuals



Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Kim R. Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | Magistrate | State of North Carolina | | $ 1,541.20 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | In-Kind | Office Supplies | 05/31/2013 | $ 58.25 |
| ☐ | | In-Kind | Banners/Supplie | 05/31/2013 | $ 24.61 |
| ☐ | | In-Kind | 2 Printer Cart | 06/04/2013 | $ 42.76 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | | | | $ |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | | | $ |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | | | | | $ |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 125.62 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,767.20 |

# Contributions from Individuals



Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Betty Lewis<br>118 10th Ave. SE<br>Conover, NC 28613<br>704-787-3156 | Managment | Real Estate | | $ 51.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Credit | | 05/31/2013 | $ 1.00 |
| ☐ | A | Credit | | 05/31/2013 | $ 50.00 |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Robert Hibbitts<br>2826 25th St NE<br>Hickory, NC 28601<br>828-256-7324 | Retired | Crisis Management Services | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Credit | | 06/02/2013 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Tracey Cline<br>1510 Carlin Dr<br>Conover, NC 28613<br>828-695-0913 | Telecommunicator | Emergency Services/911 | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Check | | 06/01/2013 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 126.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,767.20 |

# Contributions from Individuals



Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Anterica K. Hoffman<br>3937 Idlewood Acres Rd<br>Hickory, NC 28601 | Medical Records | Healthcare | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Check | | 06/01/2013 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Barbara D. Debski<br>1897 Redberry Lane<br>Conover, NC 28613<br>828-466-3677 | Medical Technologist | Healthcare | | $ 50.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Check | | 06/02/2013 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Angie Lackey<br>6355 Mountainside Dr<br>Hickory, NC 28602<br>828-324-9555 | Owner | Manufacturing | | $ 25.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | A | Credit | | 06/04/2013 | $ 25.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 100.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,767.20 |

# Loan Proceeds

Pg 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| Kim Sigmon<br>P.O. Box 757<br>Conover, NC 28613 | Magistrate | State of NC | | 05/29/2013 | 01/01/18 |

| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount |
|---|---|---|---|---|
| 0.00 % | None | A | Check | $ 750.00 |

| l. Full Name of Lending Institution | m. Loan Number |
|---|---|
| N/A - Personal Funds | |

**4. Endorsers/Makers** *(The people who guarantee the loan.)*

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Percentage | e. Amount |
|---|---|---|---|---|
| N/A | | | % | $ |

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Percentage | e. Amount |
|---|---|---|---|---|
| | | | % | $ |

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Percentage | e. Amount |
|---|---|---|---|---|
| | | | % | $ |

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Percentage | e. Amount |
|---|---|---|---|---|
| | | | % | $ |

| 5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)* | $ 750.00 |
|---|---|

# Disbursements



Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Catawba County GOP<br>1985 Tate Blvd SE<br>PO Box 3175<br>Hickory, NC 28602<br>828-459-6990 | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ 265.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| A | Check | O | 05/30/2013 | $15.00 | Booth Rent<br>Reagan Day |
| | | | | $ | Picnic/Campaign<br>Kickoff |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 15.00 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 265.00 |

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| **O* - Other** | | | |

*** Codes require detailed explanation in required remarks field (k)**

# Disbursements

Pg 1 of 2

Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| Catawba County GOP<br>1985 Tate Blvd SE<br>PO Box 3175<br>Hickory, NC 28602<br>828-459-6990 | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ 265.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| A | Check | G | 05/30/2013 | $250.00 | Payment towards Reagan Day |
| | | | | $ | Picnic (Band) |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | c. Level Registered (Specify) | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| | | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | | $ |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| | | | | $ | |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 250.00 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 265.00 |

**7. Purpose Codes** (List detailed expenditure code in (h.) above)

| | | | |
|---|---|---|---|
| **A* - Media** | **B* - Printing** | **C* - Fundraising** | D - To Another Candidate |
| E - Salaries | **F* - Equipment** | G - Political Party | **H* - Holding Public Office Expenses** |
| I - Postage | J - Penalties | **K* - Office Expenses** | **Q* - Donation to Legal Expense Fund** |
| **O* - Other** | | | |

*** Codes require detailed explanation in required remarks field (k)**

# In-Kind Contributions



Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| Kim Richards Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ 1,541.20 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Purchase Website Domain | 06/01/2013 | $ 14.95 |
| Purchase Website Domain | 06/01/2013 | $ 13.95 |
| Purchase Website/Year Use Fee | 06/01/2013 | $ 149.00 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| Kim Richards Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ 1,541.20 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| USPS PO Box | 06/03/2013 | $ 124.00 |
| Campaign Cards for Distribution | 05/28/2013 | $ 114.68 |
| Campaign T-shirts/Posters | 05/31/2013 | $ 724.12 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| Kim Richards Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ 1,541.20 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Campaign Cards/Yards Signs | 05/31/2013 | $ 181.10 |
| Office Supplies/portfolio, labels,receipt book, ink cartridge | 05/31/2013 | $ 78.39 |
| Water/Gator Ades for Reagan Day Picnic (Drinks for Campaign Workers) | 05/31/2013 | $ 15.39 |
| **4. Total only this Page** | | $ 1,415.58 |
| **5. Total of ALL CRO-1510 Pages** *(This line must be on line 17 of Detailed Summary Page CRO-1100)* | | $ 1,541.20 |

# In-Kind Contributions



Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| Kim Richards Sigmon<br>PO Box 757<br>Conover, NC 28613<br>828-465-7391 | ☐ Individual<br>☒ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ 1,541.20 |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| Office Supplies (File folder, Binder, indexes, s sticks for signs, tape) | 05/31/2013 | $ 58.25 |
| Banners,pens,markers,decorations for booth booth at Reagan Day Picnic | 05/31/2013 | $ 24.61 |
| 2 Printer Cartridges | 06/04/2013 | $ 42.76 |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
|---|---|---|
| | ☐ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | **d. Election Sum to Date**<br>$ |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 125.62 |
| **5. Total of ALL CRO-1510 Pages** *(This line must be on line 17 of Detailed Summary Page CRO-1100)* | $ 1,541.20 |

# Outstanding Loans

Amendment ☐ Yes ☒ No



Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| Kim Sigmon for Clerk of Superior Court | |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| Kim R. Sigmon<br>PO Box 757<br>Conover, NC 28613 | Magistrate | State of NC | | 05/29/2013 | 01/01/2018 |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | k. Full Name of Lending Institution | l. Loan Number |
|---|---|---|---|---|---|
| 0 % | NONE | $ 750.00 | $ 750.00 | N/A Personal Funds | N/A |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | k. Full Name of Lending Institution | l. Loan Number |
|---|---|---|---|---|---|
| % | | $ | $ | | |

**3. Lender Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Start Date (mm/dd/yyyy) | f. End Date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance | k. Full Name of Lending Institution | l. Loan Number |
|---|---|---|---|---|---|
| % | | $ | $ | | |

| | |
|---|---|
| **4. Total only this Page** | $ 750.00 |
| **5. Total of ALL CRO-1430 Pages** *(This line must be on line 21 of Detailed Summary Page CRO-1100)* | $ 750.00 |

North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kimberly Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

# Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- **Name of committee to receive loan: Kim Sigmon for Clerk of Superior Court**
- **Person or committee to make loan: Kim Sigmon**
- **Date of loan to committee: May 29, 2013**
- **Name of lending institution and account number (source):**

  **N/A Personal Loan**
- **Amount of loan: $750.00**
- **Description (if in-kind loan):**
- **Names of all parties responsible for payment of loan (guarantors):**
- **Period of loan: UNSPECIFIED**
- **Rate of interest of loan: 0%**
- **Security pledged for loan: NONE**

I, Kim Richards Sigmon, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Kim R. Sigmon 06-05-13

**Signature of Lender** **Date Signed**

Mary Harris Buckadew 6/5/13

**Signature of Treasurer of Committee** **Date Signed**

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.